

DRUG COURT DEFERRED JUDGMENT INFORMATION SHEET

If you have been charged with a crime involving possession of a controlled substance and/or possession of drug paraphernalia, you may be eligible to participate in the City of Wichita's Drug Court Deferred Judgment Program. If you successfully complete the Program, the charge(s) against you will be dismissed and you will not have a criminal conviction on your record.

If accepted onto this Program, you will enter a plea of guilty to the charges and sign an agreement saying you will be drug and alcohol free for one year. During that year, you will have to be in treatment, have monthly court review hearings and pass random urinalysis testing.

If you violate any of the conditions of the deferred judgment agreement, the Judge may impose sanctions to include jail time, community service, increased urinalysis, curfew, additional review hearings before the court, and increased reporting to treatment and/or probation officer. Repeated noncompliance may result in termination from the Program. If terminated, the Court will impose judgment and sentence against you based upon your prior plea of guilty.

TERMS AND CONDITIONS: Some of the Program's terms and conditions include:

1. No violations of the law of this state, municipality or other jurisdiction;
2. Refrain from all use of alcohol and/or drugs, unless prescribed by a physician;
3. PAY ALL COSTS, FEES AND FINES:

| | |
|-----------------------|-----------|
| Fine | \$ 100.00 |
| Deferred Judgment Fee | \$ 225.00 |
| Court Costs | \$ 77.00 |
| Application Fee | \$ 25.00 |
| TOTAL | \$ 427.00 |

* You will be responsible for all additional court costs incurred during the course of your case.

4. Pay the total costs for treatment and random urinalysis testing;
5. Agree to waive your constitutional rights to a formal arraignment, speedy trial, appeal, a jury trial upon appeal, and representation by an attorney if you are appearing on your own behalf;
6. Successfully complete the treatment program ordered by the Court;
7. Attend all Drug Court review hearings;

8. Submit to random urinalysis testing as directed by the probation officer, treatment provider and/or the Court.

PROCEDURE: The attached application must be completed and submitted to the City Prosecutor's Office - 2nd Floor, City Hall, 455 N. Main, along with the \$25.00 application fee within 24 hours of your next court date.

CONSIDERATIONS: In considering whether a defendant should be placed in the Deferred Judgment Program, the City Attorney shall consider the following factors:

1. The nature of the crime charged and the circumstances surrounding it;
2. Any special characteristics or circumstances of the defendant;
3. Whether the defendant has previously participated in any drug diversion or drug deferred judgment program;
4. Whether there is a probability that the defendant will cooperate with and benefit from the Drug Court Program;
5. Recommendations, if any, of the involved law enforcement agency, the victim, and the treatment provider;
6. Provisions for restitution;
7. Any aggravating or mitigating circumstances;
8. Prior psychological, psychiatric and chemical treatments or counseling programs;
9. The defendant's criminal history, including whether defendant has any convictions for crimes against persons;
10. Availability of appropriate treatment and a treatment provider; and
11. The interests of justice.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE
APPLICATION FEE AT THE TIME OF FILING.**

DATE SIGNED: _____
NEXT COURT DATE: _____

CASE NO. _____
DOCKET NO. _____

**APPLICATION FOR DRUG COURT DEFERRED JUDGMENT
PROGRAM**

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY

1. FULL NAME: _____ TELEPHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

LENGTH OF RESIDENCE AT PRESENT ADDRESS: _____

2. AGE: _____ 3. DATE OF BIRTH: _____ 4. SEX: _____

5. RACE: _____ 6. PLACE OF BIRTH: _____

7. SOCIAL SECURITY NUMBER: _____

8. DRIVER'S LICENSE NUMBER _____ STATE _____

9. MARITAL STATUS: _____ SPOUSE'S NAME _____

SPOUSE'S AGE: _____ SPOUSE'S EMPLOYMENT: _____

10. NUMBER OF DEPENDENTS: _____

| <u>NAME</u> | <u>AGE</u> | <u>NAME</u> | <u>AGE</u> |
|-------------|------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. OTHER HOUSEHOLD MEMBERS LIVING WITH YOU, NOT YOUR SPOUSE OR LISTED AS A DEPENDENT. Their name, age, employment:

12. EDUCATION:

SCHOOL

LOCATION

GRADE OR DEGREE

13. VOCATIONAL TRAINING: ____YES ____NO TYPE_____

14. MILITARY SERVICE: ____YES ____NO BRANCH_____

TYPE OF DISCHARGE:_____ DATE OF DISCHARGE_____

15. NEAREST CONTACT:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

16. DEFENSE ATTORNEY:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

17. PRESENT SOURCE OF INCOME (PLEASE GIVE AMOUNTS FROM EACH SOURCE):

DEFENDANT'S EMPLOYMENT: \$_____ PER MONTH

SPOUSE'S EMPLOYMENT: \$_____ PER MONTH

UNEMPLOYMENT COMPENSATION: \$_____ PER MONTH

PUBLIC ASSISTANCE: \$ _____ PER MONTH

OTHER: SUCH AS PARENTS,
RELATIVES, FRIENDS ETC. \$ _____ PER MONTH

18. PRESENT EMPLOYMENT:

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

_____ SALARY: _____

19. EMPLOYMENT HISTORY: (Beginning with last previous employer)*

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

_____ SALARY: _____

REASON LEFT: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

REASON LEFT: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

REASON LEFT: _____

*LIST EMPLOYMENT FOR LAST TWO YEARS - IF EXTRA SPACE NEEDED, ATTACH
A BLANK SHEET OF PAPER.

20. PRIOR OFFENSE RECORD: _____ NONE _____ JUVENILE _____ ADULT

CRIMINAL OFFENSE CONVICTIONS, DIVERSIONS, AND/OR DEFERRED

JUDGMENTS:

21. DATE OF PRESENT CHARGE (S): _____

22. Have you ever participated in any kind of psychological, psychiatric, or substance abuse
counseling or treatment? _____ If yes, state where and date of
participation. _____

23. Are you now, or have you ever participated in any other diversion or deferred judgment program? _____ If yes, please state where, the effective date of the program and the charge(s)diverted.

24. Do you have any other charges pending in this city or another city, state, or federal jurisdiction? _____ If yes, please state where and what charge or charges.

25. PERSONAL REFERENCES:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

26. STATE IN YOUR OWN WORDS WHY YOU WERE CHARGED WITH THIS OFFENSE:

I hereby apply for status as a participant in the Drug Court Deferred Judgment Program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney.

I authorize the City Attorney to conduct an investigation to determine my suitability for this program. I authorize the city Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney's Office with any information they request. I understand that any information furnished by me or authorized by me to be furnished to the Deferred Judgment Officer in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

DATE

APPLICANT